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Appl. No. : 10/840,065  
Applicant : Frank Ridel Jr.  
Filed : May 6, 2004  
For : MONOLITHIC SHOE LIFT DEVICE  
TC/A.U. : 3781  
Examiner : Stashick, Anthony D.

Docket No. : 4429  
Customer No. : 27149  
Confirmation No. : 6653

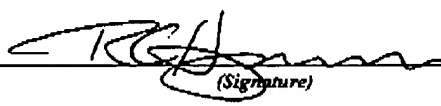
Date: February 5, 2007

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450


**AMENDMENT**

Sir:

In response to the Office action of November 16, 2006, please  
amend the above identified application as follows:  
Amendments to the Claims begin on page 2 of this paper.  
Remarks/Arguments begin on page 4 of the paper.

<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b> Applicant(s): <b>Frank Ridel, Jr.</b>			Docket No. <b>4429</b>
Application No. <b>10/840,065</b>	Filing Date <b>May 6, 2004</b>	Examiner <b>Stashick, Anthony D.</b>	Group Art Unit <b>3728</b>
Invention: <b>MONOLITHIC SHOE LIFT DEVICE</b>			<b>RECEIVED CENTRAL FAX CENTER FEB 05 2007</b>
<p>I hereby certify that this <u>Amendment</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>) on <u>February 5, 2007</u> (Date)</p> <p><u>R.C. Harpman</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u></u> (Signature)</p> <p><b>Note: Each paper must have its own certificate of mailing.</b></p>			

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No.	
Applicant(s): Frank Ridel, Jr.					4429	
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/840,065	May 6, 2004	Stashick, Anthony D.	27149	3728	6653	
Invention: MONOLITHIC SHOE LIFT DEVICE					RECEIVED CENTRAL FAX CENTER FEB 05 2007	
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	5 -	20 =	0	x \$25.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$100.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment.						
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____						
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.						
<input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. _____						
<input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.						
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.						
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 R.C. Harpman, Reg. No. 29,802						
Dated: February 5, 2007						
I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)						
Signature of Person Mailing Correspondence						
Typed or Printed Name of Person Mailing Correspondence						
CC:						

P11SMALL/REV10